

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

Rec'd
AUG 15 2005
B
OLM 1807

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6332</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Angela M. Caldwell</u> P.O. Box, Bldg., Room No., if any Street <u>3664 Stirling Court</u> City <u>Cleveland</u> State <u>Ohio</u> ZIP Code + 4 <u>44115-3091</u>	4. Name, file number, and address of labor organization. Name <u>Ohio Council 8, AFSCME, AFL-CIO</u> Labor Organization File Number <u>512927</u> P.O. Box, Building and Room Number, if any Street <u>6800 North High Street</u> City <u>Worthington</u> State <u>Ohio</u> ZIP Code + 4 <u>43085</u>
5. Position in labor organization. <u>Staff Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Angela M. Caldwell

On

8/10/05

Date

216 241-4554

Telephone Number

Name of Person Filing <u>Angela M. Caldwell</u>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Duvin, Cahn & Hutton, LLP</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>Erievue Tower, 20th Fl.</u></p> <p>Street <u>1301 East Ninth Street</u></p> <p>City <u>Cleveland</u></p> <p>State <u>Ohio</u> ZIP Code + 4 <u>44114</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Ohio AFSCME Care Plan</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>1603 East 27th Street</u></p> <p>City <u>Cleveland</u></p> <p>State <u>Ohio</u> ZIP Code + 4 <u>44114</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Duvin, Cahn & Hutton, LLP is a law firm that represents the Ohio AFSCME Care Plan. The Ohio AFSCME Care Plan provides supplemental health insurance, life insurance and pre-paid legal service benefits to members of Ohio Council 8, AFL-CIO.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>Unknown to filer</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Lunch on June 15, 2004.</u></p> <p>12.b. Amount. <u>\$36.24</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing	Angela M. Caldwell	File Number U-
-----------------------	--------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Duvin, Cahn & Hutton, LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Erievue Tower, 20th Fl.

Street 1301 East Ninth Street

City Cleveland

State Ohio ZIP Code + 4 44114

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Ohio AFSCME Care Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1603 East 27th Street

City Cleveland

State Ohio ZIP Code + 4 44114

11.a. Nature of such dealing.

Duvin, Cahn & Hutton, LLP is a law firm that represents the Ohio AFSCME Care Plan. The Ohio AFSCME Care Plan provides supplemental health insurance, life insurance and pre-paid legal service benefits to members of Ohio Council 8, AFL-CIO.

11.b. Approximate dollar value of such dealing. Unknown to filer

12.a. Nature of interest held or income received.

Flowers: 9/21/04

12.b. Amount. \$60.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.